

4477
Berkshire County Council

REPORT

OF THE

MEDICAL OFFICER OF
HEALTH

FOR THE YEARS

1946 & 1947



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To the Chairman and members of the
Health Committee of the Berkshire County Council.

I have the honour to submit my Report for the years 1946 and 1947.

My predecessor Dr. A. Richmond resigned in March, 1946, and Dr. D. Kemp was Acting County Medical Officer until I took up my appointment in September. Dr. Richmond entered the service of the Council in April, 1914, as Tuberculosis Officer. He was appointed County Medical Officer in January, 1935, in succession to Dr. Gerard C. Taylor. Many members of the Committee will have heard with regret of the death of Dr. Taylor in 1946.

The vital statistics present striking evidence of the continued improvement in the health of the county, and a number of new low records have been achieved :

(a) *Infant mortality* : the rate for 1947 was the lowest ever recorded, and the proportion of still-births was also a new low record.

(b) *Maternal mortality* : the rate for sepsis in 1946 was the lowest yet recorded, and in 1947, for the first time, there was no maternal death from sepsis, due very largely, no doubt, to the use, in treatment, of the sulphonamides and penicillin. In 1947, the maternal mortality rate from causes other than sepsis reached a new low record.

(c) *Diphtheria* : in 1946, for the first time, there was no death from this disease.

(d) *Tuberculosis* : the death rate for non-pulmonary tuberculosis in 1947 was a new low record.

At several places I have drawn special attention to the need to have regard to the concept of *significance* in considering the various vital statistics. Chance alone causes considerable proportionate fluctuations in small figures. The smaller the area the longer is the period of time that is required in order to demonstrate, by suitable tests, real improvement or retrogression.

The Council has made considerable increases in its health services during the two years considered in the report ; existing services have been elaborated, and new ones have been created (*see especially pp. 11 to 13, and 21*).

In 1947, the county was involved in the widespread epidemic of poliomyelitis that affected England and Wales, and I have included a special report on the outbreak and its background (*pp. 23 to 26*).

Special attention was given in 1947 to the question of joint appointments of Medical Officers of Health, in order that the same medical officer should carry out, in each area, both the public health work of the County Council and that of the District Council. This system has already been adopted in the majority of other counties, and secures that unification of public health services which is so clearly needed. The first appointment was made in the Royal Borough of New Windsor in November, 1947.

Between February and November, 1947, the Health Department was actively engaged in preparing the material for the Council's proposals under the National Health Service Act, 1946. This represented a very considerable volume of work that was additional to the ordinary work of the department. It required, in the first instance, a complete survey of health services in the county, and of the work of those voluntary agencies which, it was apparent, would have to be incorporated into the final scheme. The first set of proposals (those for the ambulance service and for immunisation and vaccination) had to be presented to the Minister of Health by 30th June,

1947, and the difficulty of carrying out the task, in addition to the normal work that had to be maintained at the same time, is indicated by the fact that Berkshire was one of a minority of County Councils that managed to conform to the time-table that had been laid down by the Minister in regard to the first set of proposals. The work was only rendered possible by the fact that the staff of the department were prepared one and all to give without stint every extra effort that was asked of them, and I should like to place on record my deep appreciation of the very fine work that they did in connection with the preparations for the new Act. The necessary preliminary survey that I have referred to has since proved to have a value that was not fully appreciated at the time when the work was carried out. It is also being realised increasingly that very great benefit has resulted from the thorough re-examination of health services that the coming of the new Act has entailed, and I am particularly grateful for the fact that it has been possible to have the fullest discussions with my colleagues in other counties regarding the many services that have been dealt with under the Act. It is a good thing to have to survey the whole field, and to compare the services in one county with those of others. It is necessary to refer to the other side of the picture, however. Considerable uncertainty as to the work and future of members of the medical staff of the department has produced serious difficulties at a time when the needs of reorganisation and development required that there should be freedom from disturbing factors. Throughout the period here considered, indeed, uncertainty regarding many matters connected with health services has caused reorganisation and development to give place to survey and the reconsideration of fundamentals. But, as I have already indicated, these latter can be themselves beneficial activities, and they have constituted no mean compensation for the difficulties of the time. We are now beginning to emerge from the most difficult stage and it should be possible to proceed steadily with the work of consolidation, and the Council's proposals under the Act should eventually provide health services that can compare favourably with those of other areas of similar character.

I greatly regret the delay that has attended the presentation of this Report. The major factor, in this, has been the special situation that I have already referred to. But I have also felt it necessary to examine the previous health records of the county in some detail over a considerable number of years, and to present at least some of the more important features that have emerged, although a considerable greater volume of material has had to be left for examination in later reports. It has also been necessary to make a number of additions in regard to new services. The work under these heads has necessarily had to be carried out in person, and as occasion has permitted. Finally, it has been considered best, in the circumstances, to present the reports on the two years together, so that that for 1946 has been delayed even more than might otherwise have been the case.

I should like to express my gratitude to the Chairman and members of my Committee, who have done so much to ease my task. To the Dowager Lady Mount, O.B.E., my Chairman, I am especially grateful, for her interest and encouragement have been unfailing, and her wide knowledge of public health services has been of the utmost help at all times. Finally, I should like to acknowledge the outstanding loyalty and industry of my staff, to whose work I have already made special reference.

E. C. H. HUDDY,

County Medical Officer of Health.

November, 1949.

ADMINISTRATIVE COUNTY OF BERKSHIRE.

AREA AND POPULATION.

The area of the administrative county of Berkshire is 454,725 acres. In 1947 the estimated civilian population was 268,750 persons, an increase of 40,900 compared with the figure for the last pre-war year, and an increase of 5,720 compared with the previous year.

TABLE I.

			Population.		
			Census, 1931.	Registrar-General's Estimate.	
				1946.	1947.
URBAN DISTRICTS.					
1	Abingdon Borough	...	1,713	7,829	10,240
2	Maidenhead Borough	...	5,007	22,588	25,950
3	Newbury Borough	...	2,612	14,242	17,440
4	New Windsor Borough	...	4,616	20,287	20,650
5	Wallingford Borough	...	760	3,109	3,558
6	Wantage	...	2,797	3,793	4,721
7	Wokingham Borough	...	3,386	7,294	8,221
Total			20,891	79,142	90,780
RURAL DISTRICTS.					
1	Abingdon	...	41,225	11,687	19,440
2	Bradfield	...	53,008	14,474	18,420
3	Cookham	...	24,920	10,271	12,210
4	Easthampstead	...	27,034	18,010	20,690
5	Faringdon	...	55,726	9,649	10,380
6	Hungerford	...	44,817	8,706	9,000
7	Newbury	...	41,660	11,110	13,400
8	Wallingford	...	21,772	9,464	13,750
9	Wantage	...	74,179	11,673	11,490
10	Windsor	...	8,665	9,868	10,650
11	Wokingham	...	40,828	20,250	32,820
Total			433,834	135,162	172,250
Administrative County			454,725	214,304	263,030
					268,750

TABLE II.—VITAL STATISTICS FOR ENGLAND AND WALES, 1946.

The following Table, based on figures issued by the Registrar-General, gives the principal vital statistics during the year 1946 for England and Wales, London, the 126 Great Towns, and the 148 Smaller Towns, respectively.

The corresponding figures for the County of Berks are shown for purposes of comparison.

(Provisional figures, based on *Weekly and Quarterly Returns*.)

	Rate per 1,000 population.		Annual crude death-rate per 1,000 population.							Infant mortality per 1,000 live births	
	Live Births.	Still- Births.	All Causes.	Typhoid and Paratyphoid Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.		Influenza.
England and Wales	19.1	0.53	11.5	0.00	0.00	0.00	0.00	0.02	0.01	0.15	43
126 County Boroughs and Great Towns including London	22.2	0.67	12.7	0.00	0.00	0.01	0.00	0.02	0.01	0.13	46
148 Smaller Towns (estimated resident populations 25,000 to 50,000 at Census 1931)	21.3	0.59	11.7	0.00	0.00	0.00	0.00	0.02	0.01	0.14	37
London	21.5	0.54	12.7	0.00	—	0.01	0.00	0.02	0.01	0.12	41
Berkshire	18.2	0.46	11.2	—	—	—	0.00	0.01	—	0.14	35

TABLE IIa.—VITAL STATISTICS FOR ENGLAND AND WALES, 1947.

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	Rate per 1,000 population.		Annual crude death-rate per 1,000 population.								Infant mortality per 1,000 live births.
	Live Births.	Still- Births.	All Causes.	Typhoid and Paratyphoid Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	
England and Wales	20·5	0·50	12·0	0·00	0·00	0·01	0·00	0·02	0·01	0·09	41
126 County Boroughs and Great Towns including London ...	23·3	0·62	13·0	0·00	0·00	0·02	0·00	0·03	0·01	0·09	47
148 Smaller Towns (estimated resident populations 25,000 to 50,000 at Census, 1931) ...	22·2	0·54	11·9	0·00	0·00	0·02	0·00	0·02	0·01	0·08	36
London	22·7	0·49	12·8	0·00	—	0·01	0·00	0·02	0·01	0·08	37
Berkshire	20·17	0·44	11·6	0·00	—	0·00	—	0·03	0·00	0·10	29·70

BIRTHS AND BIRTH RATE.

LIVE BIRTHS.

During the two years, the numbers of live births registered in the county were 4,806 and 5,420 respectively, as compared with 4,451 for 1945. The *live birth rates* per thousand estimated population are thus respectively 18·27 and 20·17, compared with 17·22 for the year 1945. The rates for England and Wales during 1946 and 1947 were 19·1 and 20·5 respectively.

The rise in births probably represents a temporary post-war increase like that which occurred in the year 1920.

STILL-BIRTHS.

There were 122 still-births in 1946 and 118 in 1947. The figure for 1947 represents a rate of 21·3 still-births per 1,000 total births, the corresponding rate for England and Wales being 23·8.

The proportion of still-births has fallen markedly during the war years, both in Berkshire and in England and Wales as a whole. During the five pre-war years 36 of every 1,000 births in the county were still-births, and the figure for England and Wales was 40.

TABLE III.

		Average live birth-rate per 1,000 estimated population during the ten years, 1936-1945.	Number of live births.		
			1946.	1947.	
URBAN DISTRICTS.					
1	Abingdon Borough	...	17·21	181	202
2	Maidenhead Borough	...	13·95	458	468
3	Newbury Borough	...	14·57	317	332
4	New Windsor Borough	...	15·23	420	499
5	Wallingford Borough	...	13·56	61	60
6	Wantage	... ..	14·76	80	80
7	Wokingham Borough	...	14·50	171	149
RURAL DISTRICTS.					
1	Abingdon	... ..	19·75	421	482
2	Bradfield	... ..	13·14	320	339
3	Cookham	... ..	14·35	208	249
4	Easthampstead	... ..	13·87	340	393
5	Faringdon	... ..	17·54	203	247
6	Hungerford	... ..	16·42	166	163
7	Newbury	... ..	14·54	220	252
8	Wallingford	... ..	17·96	279	336
9	Wantage	... ..	15·59	219	277
10	Windsor	... ..	15·04	196	224
11	Wokingham	... ..	15·31	546	668
Urban Districts		... ..	14·76	1,688	1,790
Rural Districts		... ..	15·72	3,118	3,630
County		... ..	15·39	4,806	5,420

DEATHS.

During the two years 2,959 and 3,131 deaths, respectively, were registered, compared with 3,062 in 1945. The numbers of deaths of persons over 65 years of age were 1,974 and 2,460 respectively.

The principal causes of deaths are shown in the following table :—

Cause.	Number of deaths.	
	1946	1947
Heart Disease	788	884
Cancer	515	506
Intra-cranial vascular lesions	320	391
Pneumonia and Bronchitis	206	238
Other diseases of circulatory system	139	132

The *crude death rates* for the two years are thus respectively 11·25 and 11·65 per 1,000 population, compared with 11·84 for 1945. The rates, for the whole period, for the urban and rural districts are 12·59 and 10·85 respectively. The difference between the rates and that for 1945 is not significant, but a study of the rates for recent years shows that there is a significant difference between the rates for the aggregate urban and rural districts respectively. In any event, it should be borne in mind that we are here considering *crude* rates. It is only by studying, over a sufficient number of years, the rates *at ages* that a true estimate of the changes (or a comparison with other areas or between different parts of the county) can be made. At present, populations at ages are not available for the various counties and other areas, and a study of the death-rate in recent years must await such information.

TABLE IV.
DEATH RATE.

		Average annual crude death- rate per 1,000 estimated population during the ten years, 1936-1945.	Number of deaths.	
			1946.	1947.
URBAN DISTRICTS.				
1	Abingdon Borough ...	12·37	102	104
2	Maidenhead Borough ...	12·54	328	322
3	Newbury Borough ...	12·91	215	220
4	New Windsor Borough ...	10·23	255	296
5	Wallingford Borough ...	12·78	37	45
6	Wantage	13·91	58	74
7	Wokingham Borough ...	15·71	135	121
RURAL DISTRICTS.				
1	Abingdon	9·10	184	192
2	Bradfield	11·26	199	200
3	Cookham	10·97	140	137
4	Easthampstead	11·57	232	233
5	Faringdon... ..	11·65	123	119
6	Hungerford	13·09	106	127
7	Newbury	11·40	133	154
8	Wallingford	9·36	126	133
9	Wantage	12·10	132	145
10	Windsor	12·35	126	149
11	Wokingham	10·95	328	360
Urban Districts		13·05	1,130	1,182
Rural Districts		11·13	1,829	1,949
County		11·79	2,959	3,131

INFANT MORTALITY.

	<u>Year 1946</u>	<u>Year 1947</u>
Deaths of infants under one year ...	169	161
Deaths under one year of age that were due to congenital debility or premature birth	117	104
Infant mortality, per 1,000 live births	35.16	29.70

The infant mortality rate for the year 1945 was 34.37 and that for the decennium 1936-45 was 38.6. Of course, the rate for the county for a particular year is subject to considerable variations due to chance alone, and it is only by examining the trend over a considerable number of years that conclusions of value may be reached. Nevertheless, it is to be observed that the infant mortality rate for 1947 is the lowest ever recorded. For the second time (the first occasion was in 1943) the rate for the county has fallen below 30.

TABLE V.

INFANT MORTALITY
(per 1,000 live births).

					Average Rate, 1936-1945.	Number of deaths.	
						1946.	1947.
URBAN DISTRICTS.							
1	Abingdon Borough	...	...	...	28.82	2	6
2	Maidenhead Borough	...	...	...	46.66	32	13
3	Newbury Borough	...	...	...	39.08	10	6
4	New Windsor Borough	...	...	...	46.08	16	12
5	Wallingford Borough	...	...	...	46.25	5	1
6	Wantage	...	...	...	39.69	1	2
7	Wokingham Borough	...	...	...	27.23	6	5
RURAL DISTRICTS.							
1	Abingdon	...	...	...	30.82	16	17
2	Bradfield	...	...	...	43.38	9	13
3	Cookham	...	...	...	42.13	9	4
4	Easthampstead	...	...	...	41.67	10	8
5	Faringdon	...	...	...	28.81	3	8
6	Hungerford	...	...	...	35.93	9	7
7	Newbury	...	...	...	38.46	4	9
8	Wallingford	...	...	...	42.89	11	8
9	Wantage	...	...	...	36.94	6	11
10	Windsor	...	...	...	37.29	7	6
11	Wokingham	...	...	...	35.95	13	25
Urban Districts					40.88	72	45
Rural Districts					37.42	97	116
County					38.56	169	161

MATERNAL MORTALITY.

During the two years the numbers of maternal deaths were, respectively, 6 (sepsis 1 ; other causes 5) and 3 (sepsis 0 ; other causes 3), giving *maternal mortality rates* per 1,000 total births of 1·2 and 0·54.

The maternal mortality rate for the county (as for the country as a whole) has shown a striking fall in recent years, since just before the recent war, in fact. This fall, like that of the proportion of stillbirths, has not received anything like the attention that it deserves, and there is no doubt that great credit is due to all the medical services, both of prevention and treatment (among which improved ante-natal care may claim a high place), that have contributed to this. For an individual county, such a change cannot be appreciated by considering the figures for a single year ; the number of cases is so small that the variations due to chance alone cause quite violent fluctuations in the figures. Thus, until 1947, the low record for the rate of maternal mortality from causes other than sepsis was held by a year as long ago as 1909. But by taking groups of five years, a very much nearer approach to the true state of affairs may be made. The following table brings out these points, and it will be understood that *rates* must be used, and not the absolute number of deaths ; for, of course, rates take into consideration the number of births, upon which the whole thing depends.

TABLE VI.

Year	Number of live births.	Number of maternal deaths during the year.		Quinquennium.	Average number of maternal deaths per annum during the quinquennium.		Maternal mortality rate per 1,000 live births* for the quinquennium.	
		Sepsis.	Other causes.		Sepsis.	Other causes.	Sepsis.	Other causes.
1905	4,205	2	14	1905-9	5	10	1.2	2.4
1906	4,123	9	14					
1907	4,175	6	13					
1908	4,304	6	7					
1909	4,237	2	3					
1943	4,513	3	9	1943-7	2	6	0.4	1.2
1944	4,987	5	4					
1945	4,451	1	7					
1946	4,806	1	5					
1947	5,420	0	3					

* Maternal mortality is now generally expressed as the number of maternal deaths during the year per 1,000 *total* births (that is, live births + stillbirths) during the same year. Stillbirths did not become notifiable until 1927, and the former practice of calculating the maternal mortality rate per 1,000 live births has been followed in the above table.

MIDWIVES ACTS.

The arrangements made by the County Council to fulfil their statutory obligation as Local Supervising Authority under the Midwives Acts still prove adequate to meet the needs of the area.

At the end of 1947, 144 midwives were practising in the county area. Of these, 99 were engaged in domiciliary midwifery practice and 45 were employed in either general hospitals, public assistance institutions or nursing homes. The Council's scheme provides for the employment of 5 whole-time midwives, 3 of whom have been allocated to special districts and 2 to undertake duties in any area in which a midwife is required for holiday duty, illness, etc.

Of the total number of midwives practising in the county area, 87 were employed by district nursing associations. There were 57 such associations undertaking midwifery in the area of the administrative county. Of this number, 50 were affiliated to the Berkshire County Nursing Association, 2 were independent of that body, and 5, although undertaking midwifery in Berkshire, are located in adjoining areas.

The following table shows the number of cases attended by midwives in the area of the Local Supervising Authority during the year 1947, with the figures for 1946 in brackets :—

Midwives.	Domiciliary Cases.	Cases at Institutions.	Totals.
1. Employed by the Council—			
As midwives	147 (156)	842 (767)	989 (923)
As maternity nurses	25 (12)	34 (41)	59 (53)
2. Normally employed under other Local Supervising Authorities, but temporarily working in the area—			
As midwives	— (—)	— (64)	— (64)
As maternity nurses	— (—)	— (—)	— (—)
3. Employed by Voluntary Associations—			
(a) Under arrangement with Local Supervising Authority in pursu- ance of Section 1 of the Midwives Act—			
As midwives	1,855 (1,622)	— (—)	1,855 (1,622)
As maternity nurses	745 (702)	462 (—)	1,207 (702)
(b) Others—			
As midwives	— (—)	— (68)	— (68)
As maternity nurses	— (—)	— (403)	— (403)
4. In private practice—			
As midwives	15 (108)	181 (211)	196 (319)
As maternity nurses	9 (19)	646 (665)	655 (684)
Totals—			
As midwives	2,017 (1,886)	1,023 (1,110)	3,040 (2,996)
As maternity nurses	779 (733)	1,142 (1,109)	1,921 (1,842)

The following table classifies notifications received from midwives, under the Rules of the Central Midwives Board :—

	1946	1947
Sending for medical aid	1,081	1,248
Stillbirth	27	19
Laying out a dead body	23	21
Artificial feeding	85	89
Contact with infection	35	49
Death of infant	9	5
Death of mother	—	—

The number of cases in which medical aid was sought by midwives shows an increase during the period concerned, due to the increase in births.

INSPECTION OF MIDWIVES.

The non-medical supervisors of midwives visited all midwives periodically and submitted reports on the results of their investigations to the County Medical Officer. They also visited and submitted reports on all cases of puerperal fever and of ophthalmia neonatorum.

MATERNITY AND CHILD WELFARE.

ANTE-NATAL SERVICE.

The Council's arrangements provide free ante-natal examination by a medical practitioner for all expectant mothers. Until recently two such examinations were provided during pregnancy, one at about the sixteenth, and another at about the thirty-sixth, week. In November, 1946, the Council decided to make provision for a third intermediate examination at about the twenty-eighth week, because of the tendency for toxæmia of pregnancy to show itself for the first time at about this period. Under these arrangements 1,727 patients were examined by practitioners during the year 1946, and 1,809 during 1947.

The medical examinations referred to in the preceding paragraph do not, of course, reduce the importance of the ante-natal work that is carried out by the midwife herself, who must maintain a close and continuous watch on all her patients during their pregnancy. In order to increase the efficiency of this work, the Council made provision, in November, 1946, for the supply of fifty blood-pressure apparatuses for use by midwives.

The Supervisor of Midwives is continually reminding midwives of the great importance of maintaining a high standard in regard to their ante-natal work, which entailed 17,199 visits to expectant mothers in the year 1946, and 18,585 in 1947, with the keeping of full records in each case.

Ante-natal clinics were held at the following centres :—

The Radcliffe Infirmary, Oxford.
The Royal Berkshire Hospital, Reading.
King Edward VII Hospital, Windsor.
The Wilderness, Maidenhead (from 1st March, 1947).

POST-NATAL EXAMINATIONS.

All midwives are urged to instruct their patients in regard to the importance and advantages of a medical examination towards the end of the lying-in period. 822 patients were examined by practitioners during 1946, under the County Scheme, an increase of 24 compared with the figure for the previous year; the figure for 1947 was 872.

GAS-AIR ANALGESIA.

During recent years there has been considerable development in the administration by midwives of nitrous oxide for the relief of pain during confinement. The midwife uses for this purpose a special portable apparatus approved by the Central Midwives Board, which provides, for the patient in labour, a mixture of air and nitrous oxide, and the apparatus is so designed that the proportion of the latter gas cannot exceed a certain maximum.

In July, 1947, the Council decided to make a substantial grant to the Berkshire County Nursing Association for the training during the year of ten midwives in this method of analgesia, and for the provision of the necessary apparatus. At the date referred to, of the 73 midwives employed by the Association, 13 had been trained in gas-air analgesia and 10 apparatuses were in use in the county.

PROVISION FOR THE SERVICES OF A CONSULTANT.

The services of a consultant, free of cost to the patient, are available to any medical practitioner who may desire assistance in respect of a domiciliary maternity case either during pregnancy, at the time of confinement or during the puerperium.

During 1946, 10 such consultations were held (compared with 18 for the previous year) and the figure for 1947 was 3.

These cases are generally those of grave emergency arising during confinement in the patient's own home, where immediate removal to hospital is not possible because of the gravity of the condition. The fall in the numbers of cases is therefore a favourable sign and suggests that such emergencies are now being prevented, in increasing measure, by more efficient ante-natal care by doctors and midwives.

DOMESTIC HELPS SCHEME.

Early in 1946 a special section of the Public Health and Housing Committee was appointed to consider the question of providing a service of domestic helps to assist households in cases of confinement or illness. In July, a scheme for this purpose was accepted by the Council. During 1946, 12 new cases were provided with domestic help in this way and 43 in 1947. Careful enquiry was made into the medical and domestic circumstances in each case, and no woman was employed as a home help until she had been shown to be suitable, by interview and reference, in regard to both physical health and personal character. Care was also taken to avoid the employment of women for this work where there was a risk that they might undertake the duties to the detriment of their own domestic responsibilities. A scale of assessment was adopted by the Council, in accordance with which charges could be reduced in necessitous cases.

The scheme has encountered the difficulties that are bound to arise in a rural county. In such an area the number of cases in a given centre of population is rarely sufficient to require the services of a whole-time domestic help; at another time, in the same area, the need may be in excess of the ability to satisfy it. It has been found, in fact, that the best policy is to try and build up a panel of approved helps who are prepared to take a case when the need arises. Here the local knowledge and ability of district nurses have been invaluable, and (particularly in confinement cases, which call for most of the work at present) it has nearly always been possible to meet the need. The value of such a service as this in relieving the pressure on maternity beds in hospital is apparent. There is no doubt that this service will grow in the future, and provided it is kept under proper control it should fill a genuine need in easing the strain on families in which there is a case of illness or confinement.

MATERNITY HOSPITALS.

Arrangements have been made whereby all patients suffering from those complications of pregnancy which require treatment in a maternity department of a general hospital can be admitted to one or other of the following institutions :—

The Radcliffe Infirmary, Oxford.
 The Royal Berkshire Hospital, Reading.
 Swindon Borough Maternity Home, Swindon.
 King Edward VII Hospital, Windsor.
 Abingdon Hospital (from 23rd February, 1946).
 Canadian Red Cross Hospital, Taplow (from 31st May, 1947).

Table showing the number of patients admitted to these hospitals during the past five years :—

<i>Hospital.</i>	<u>1943</u>	<u>1944</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>
Radcliffe Infirmary	65	45	62	72	65
Royal Berkshire Hospital ...	140	147	142	158	187
King Edward VII Hospital ...	15	22	6	2	—
Swindon Borough Maternity Home	1	3	1	2	8
Warren Hospital, Abingdon ...	(Commenced November, 1947)				4
Canadian Red Cross Memorial Hospital, Taplow	(Commenced May, 1947)				46
	<u>221</u>	<u>217</u>	<u>211</u>	<u>234</u>	<u>310</u>

During 1946, 850 cases of uncomplicated pregnancy, in which it was considered that either the home or financial circumstances were such that adequate care and attention was unlikely to be otherwise secured, were admitted to the maternity wards of the County Council Emergency Hospitals at Maidenhead, Newbury, Wokingham and Old Windsor. This figure shows an increase of 78 compared with that of the previous year. During 1947, no less than 917 cases were admitted under these arrangements.

In November, 1946, the Council adopted a scheme, under section 204 of the Public Health Act, 1936, by which the admission of maternity cases to County Emergency Hospitals should be through the County Public Health Department, thus avoiding application through Relieving Officers. This was considered an improvement, as it enabled these patients to be admitted through a midwife rather than through the former Public Assistance channels. Of the three independent Welfare Authorities, Maidenhead Borough agreed to take part in this new arrangement.

PUERPERAL PYREXIA.

During the two years 13 and 14 cases, respectively, of puerperal pyrexia were notified ; 11 of the patients were admitted to hospital, and one death occurred (in 1946). Special investigations were made in all cases and advice regarding adequate preventive measures was given.

OPHTHALMIA NEONATORUM.

Nine cases of ophthalmia neonatorum were notified in 1946, and fourteen in 1947. Three cases required hospital treatment. All the cases were visited, and from reports submitted it is found that there was in no case any impairment of vision as a result of the disease.

SUPPLY OF EXTRA NOURISHMENT.

Dried milk, cod liver oil, etc., is supplied either free of charge or at cost price to mothers and children at many of the welfare centres in the county area.

DENTAL TREATMENT.

Seventeen applications for dental treatment received approval during 1946 (fifty-eight in 1947), and arrangements were made for the work to be undertaken by private dental practitioners.

STERILIZED MATERNITY OUTFITS.

Sterilized maternity outfits were supplied, free of cost, to 11 cases in 1946 and 9 in 1947.

INFANT WELFARE CENTRES.

All Infant Welfare Centres situated in the county area are managed by local voluntary committees who arrange for the periodical attendance of a medical practitioner at the centres. Either a county health visitor or a district nurse is in attendance each time a centre is open. At certain clinics, special sessions are held for toddlers.

New Centres were opened as follows, grants being made to each by the Council :—

<i>Centre.</i>	<i>Date approved for grant.</i>
Hagbourne and Harwell	23rd February, 1946.
Burghfield	1st June, 1946.
Lockinge and Ardington	" "
Sulhamstead	" "
Sunningwell	" "
Bucklebury, Beenham and Upper Woolhampton	27th July, 1946.
Charney, Pusey and Kingston Bagpuize	" "
Long Wittenham	" "
Woolhampton, Brimpton, Midgham and Wasing	" "
Brightwell	26th July, 1946.
A.E.R.E., Harwell	15th November, 19

In July, 1946, the Council made provision for the transport of mothers and infants to Infant Welfare Centres in the more rural areas, subject to recovery of the whole or part of the cost in appropriate cases. There is no doubt that a very great amount of work of this kind is now done by voluntary workers, who use their own cars for the purpose, but this is not the case in all areas, and other provision is necessary in a few instances.

During the two years 2,319 and 2,482 children, respectively, attended for the first time at the 56 welfare centres situated in the county area. The number of children attending the centres for the first time in 1945 was 1,953.

DAY NURSERIES.

On 1st April, 1946, nine of the ten remaining Wartime Nurseries (the exception being the one at Lydalls Road, Didcot) were transferred to the Education Committee, and these establishments became Nursery Schools under that Committee.

During 1946 and 1947 the Lydalls Road Day Nursery at Didcot (taking 40 children, mostly from 2 to 5 years of age, with a small number of infants) continued to work to capacity, and was of great value in this largely industrial area.

HEALTH VISITING.

Most of the domiciliary health visiting in respect of children under five years of age is done by district nurses. A considerable number of the latter hold the Health Visitor's certificate, and this number is being added to steadily each year. A still larger proportion of these nurses are Queen's Nurses, whose training certainly helps to encourage a public health and preventive attitude in relation to their work among the families for which they are responsible. During the two years, the Health Visitors paid the following numbers of visits (and compiled full records in respect of each child) :—

	<u>1945</u>	<u>1946</u>	<u>1947</u>
Visits to children under one year	24,533	23,641	27,546
Visits to children between one and five years 	27,949	28,572	29,708

The figures for 1945 are also shown.

Early in 1946 the Council made provision, through the Berks County Nursing Association, for six scholarships for training as Health Visitors, as well as one such scholarship for midwifery.

SPECIAL CARE FOR PREMATURE INFANTS.

In November, 1946, arrangements were made for Dr. Mary Crosse, of the Special Unit for Premature Infants at Birmingham, to give a series of lectures in the county to midwives and other interested persons on the special care of the premature infant. In addition, it was arranged that members of the senior nursing staff of the Council and of the County Nursing Association should attend at the Birmingham Unit for practical instruction. Early in 1947, the Council provided a central stock of special cots for the nursing of premature infants in their homes, and of special baskets for their transport to hospital where this was required.

The criteria of prematurity have long given rise to difficulty, and, until a year or two ago, no definite standard had been adopted. It has now been generally accepted that any infant weighing $5\frac{1}{2}$ pounds or less at birth shall be considered to be premature, and this standard has been officially adopted by the Ministry of Health. On this basis, the figures for the county do not show any significant departure from those for England and Wales as a whole. This may be due to smallness of numbers (since only figures for the years 1946 and 1947 are so far available for the county) and it is possible that differences of significance may become apparent when more extensive data can be examined.

The proportion of notified births in the county during 1946 and 1947 that were premature (on the standard referred to above) was almost exactly the same as that for England and Wales as a whole, about 5 per cent. About

85 per cent. of these survived at the end of their first year of life, compared with 77 per cent. in England and Wales in the year 1946, this being the only figure available for comparison. Just under 10 per cent (for England and Wales in 1946, just *over* 10 per cent) died in the first 24 hours of life.

It has long been a cause of concern that deaths of infants from prematurity have shown much less improvement, over the last forty years or so, than infant deaths from other causes. This is certainly the case in Berkshire. Between 1908 and 1943, total infant mortality in the county fell to less than half of what it was at the beginning of that period. But deaths from prematurity fell by little more than a third during those years, whereas infant deaths from causes other than prematurity fell by over two-thirds.

TREATMENT OF CHILDREN UNDER THE AGE OF FIVE YEARS.

Children under the age of five years suffering from either dental or visual defects are referred for treatment to one or other of the clinics of the Berkshire Education Authority. During the year 1946, 23 children (in 1947, 92) with visual defects and 23 (379 in 1947) with dental disease were treated. Four children suffering from crippling diseases received treatment at the Wingfield-Morris Orthopaedic Hospital, Headington, during 1946 (13 during 1947).

PROMOTION OF CLEANLINESS AND THE ELIMINATION OF VERMINOUS CONDITIONS.

All children under five years of age living in the administrative county area are visited in their own homes by Health Visitors, and children of school age by School Nurses whilst at school. When verminous conditions are found the parents are supplied with Lethane Oil (more recently, a D.D.T. preparation) and Sacker Combs and given full instructions with regard to cleansing. The cases are kept under observation to see that treatment is carried out. The District Medical Officers of Health deal with the disinfection of bedding, clothing, etc. It is important that the family as a whole should be considered in these cases, and special attention is paid to this point.

CHILD LIFE PROTECTION.

At December 31st, 1947, there were 63 persons undertaking for reward the maintenance and care of 167 children under the age of nine years apart from their parents or having no parents. All such boarded-out children are visited at regular intervals by the Child Life Protection Visitors, who are members of either the whole-time county health visiting or school nursing staff. The standard of care and attention given to boarded-out children by foster-parents has been satisfactory.

PROVISION FOR UNMARRIED MOTHERS AND THEIR CHILDREN.

The high mortality rate among illegitimate infants has long been a source of concern, and the recent war has enlarged the problem very greatly. In July, 1944, the Public Health and Housing Committee considered the matter, following the receipt of a letter from the Ministry of Health asking Welfare Authorities to make special provision for these cases. As a result, the Council adopted a comprehensive scheme to secure the welfare of unmarried mothers and their infants. There is no doubt that the arrangements made under this scheme have been of considerable value, and have made a definite contribution to the very satisfactory reduction in infant mortality that has occurred in the county in recent years.

In November, 1943, the Council decided to set up a hostel for unmarried mothers and their children, and Burnell House, Bolton Avenue, Windsor, was selected for the purpose. A house committee was appointed in November, 1944, and the hostel was opened, for the reception of nineteen mothers (with their infants) early in 1945, the project having been considerably delayed by difficulties in regard to equipment. By July, 1945, fifteen mothers and sixteen babies were in residence, and by June, 1946, the number had risen to nineteen mothers and twenty-one babies. The cases are retained for two years and in May, 1947, a total of sixty-eight mothers had been admitted since the opening of the hostel. The mothers go out to work (after an initial period of a few weeks for the establishment of breast-feeding), and they contribute towards the cost of their residence. The establishment may therefore be considered as a hostel, with a day nursery attached. Since the infants are very young for the most part, the nursing staff must have suitable qualifications and must be more numerous than the staff of a day nursery for older children (such as were the majority of the Wartime Nurseries maintained by the Council during the war), and staffing is relatively expensive in a hostel of this kind. The difficulty with the illegitimate child is to keep mother and child together, which is the most desirable solution for both in the majority of cases. A hostel such as Burnell House enables this to be done, and the period of residence is sufficient to provide for the mother a genuine rehabilitation in the social sense, a period of time during which she can come to terms with, and come to understand, her own problem.

During the years 1946 and 1947, the Council continued its annual grant to the Oxford Diocesan Moral Welfare Association.

NURSING AND MATERNITY HOMES.

At December 31st, 1947, there were 33 registered nursing homes in the area of the administrative county, as compared with 35 at the end of 1946. Of this number, 13 undertook general medical and surgical work, 8 admitted maternity cases only, and the remainder provided for the nursing of either convalescent or senile patients.

NOTIFICATION OF BIRTHS.

In 1946, 3,510 notifications of birth were received under Section 203 of the Public Health Act, 1936, and 3,893 in 1947. (The figure for 1945 was 3,213.) These notifications apply to that part of the county for which the County Council is responsible as Welfare Authority under the Act referred to. This area does not include the Boroughs of Maidenhead, Newbury and New Windsor, which are also Welfare Authorities.

TUBERCULOSIS.

The numbers of primary notifications received during the two years under the Public Health (Tuberculosis) Regulations, 1912, are shown in the following table, together with the corresponding figures for the previous eight years:—

TABLE VII.
TUBERCULOSIS.
ANNUAL NUMBER OF NOTIFICATIONS RECEIVED SINCE 1938.

Year	Pulmonary.	Non-Pulmonary.	Total.
1938	145	55	200
1939	176	67	243
1940	246	86	332
1941	236	90	326
1942	283	105	388
1943	258	80	338
1944	330	89	419
1945	257	89	346
1946	272	84	356
1947	264	53	317

MORTALITY.—The number of certified deaths from all forms of tuberculosis was 94 in 1946, and 111 in 1947. An analysis of these figures in relation to site of disease is given in Table IX.

The death-rates per 100,000 estimated population from pulmonary and non-pulmonary tuberculosis respectively are shown in the following table. The rate for non-pulmonary tuberculosis for 1947 is the lowest ever recorded, and that for pulmonary tuberculosis for 1946 is very near to the low record of 29 that was reached in 1942. As with other figures in this report, however, comparison of a single year with the years immediately preceding is of little value, and groups of years over a comparatively long period must be studied. The true position, and the substantial improvement in the death-rate from tuberculosis that has occurred in the last 40 years, is apparent from the table. The retrogression in the pulmonary rate in 1947 as compared to that of 1946 is not statistically significant. The corresponding rate for 1946 was unusually low, and that for 1944 had been 42.

TABLE VIII.
CRUDE DEATH-RATE FROM TUBERCULOSIS PER 100,000
POPULATION.

PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS.			
Quinquennium, 1906-10	...	87		Quinquennium, 1906-10	...	24	
Quinquennium, 1941-45	...	36		Quinquennium, 1941-45	...	11	
Year, 1946	...	30		Year, 1946	...	6	
Year, 1947	...	36		Year, 1947	...	5	

TABLE IX.

NEW CASES OF, AND DEATHS FROM, TUBERCULOSIS,
ACCORDING TO AGE.

YEAR 1946.

Age Group.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 —	1	—	—	1	—	—	—	—
1 —	5	—	7	4	1	2	4	1
5 —	5	15	17	20	—	—	1	1
15 —	102	92	14	19	17	20	—	2
45 —	41	12	2	1	24	5	4	1
65 and up-wards	6	3	—	1	4	6	—	1
Totals	160	122	40	46	46	33	9	6

YEAR 1947.

Age Group.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 —	1	—	1	—	1	1	—	—
1 —	1	3	2	4	—	—	1	1
5 —	7	7	11	13	—	—	—	1
15 —	92	103	9	17	23	29	1	3
45 —	71	24	2	2	22	12	2	2
65 and up-wards	10	4	—	—	5	4	1	2
Totals	182	141	25	36	51	46	5	9

INSTITUTIONAL TREATMENT.

Treatment was provided by the County Council in the following institutions :—

				<u>1946</u>	<u>1947</u>
Berks and Bucks Joint Sanatorium, Peppard Common.					
Number of adult cases admitted	...	...		123	113
" " " " discharged	...	...		114	112
" " children admitted	...	...		18	16
" " " discharged	...	...		19	19
Abingdon Sanatorium.					
Number admitted	...	...	...	38	40
" discharged	...	...	...	34	37

Although these hospitals took most of the cases requiring admission, many cases had to be admitted to other hospitals, particularly the Radcliffe Infirmary, Oxford, the general hospitals in Reading and the administrative county and (for non-pulmonary cases) the Wingfield-Morris Orthopaedic Hospital. At many of the hospitals, surgical treatment was carried out ; in pulmonary tuberculosis, in particular, the use of such treatment continues to increase. In spite of every effort the available hospital accommodation continued to fall very seriously short of the need, and a substantial waiting list has continued to exist. This is, of course, a nation-wide problem, but it is one of great gravity in regard to both the amelioration of the individual case and the control of the disease. To meet this situation, the Tuberculosis Officer and his staff have had to exercise great care in selecting cases for admission. They have also carried out a very considerable amount of work in visiting patients in their own homes, as the following figures show.

CONSULTATIONS, DOMICILIARY VISITING.	<u>1946</u>	<u>1947</u>
Number of consultations by Tuberculosis Officer with practitioners :		
Personal	34	40
Other	2,132	2,530
Number of home visits by—		
Tuberculosis Officer	2,274	2,621
Tuberculosis Nurses	3,110	2,497
TUBERCULOSIS DISPENSARIES.		
Number of new cases examined	1,183	1,204
„ „ contacts examined	396	610
Of new cases and contacts examined :—		
Number diagnosed as tuberculous	395	404
„ „ not tuberculous	1,152	1,368
„ kept under observation	32	404
Total attendances at dispensaries	4,459	4,296
RADIOLOGICAL AND BACTERIOLOGICAL EXAMINATIONS.		
Number of X-ray examinations	2,203	2,618
„ „ bacteriological examinations of sputum	730	658
—of which, positive	87	134

COLLAPSE THERAPY.

The numbers of artificial pneumothorax refills were 3,262 in 1946 and 2,875 in 1947.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

DIPHThERIA.

In 1946, for the first time since records were begun well over a hundred years ago, there was no death in the county from diphtheria, an achievement that can be attributed to immunisation. As recently as the year 1909 there were as many as 40 annual deaths in Berkshire from this disease, with nearly 300 notified cases. There has been steady improvement since then. The first part of the fall is due to improved social conditions, and better diagnosis and hospital treatment, but the final stage is due to immunisation, which must be applied to a sufficient proportion of children (at least 50 per cent. of children of school age, together with at least 30 per cent. of children under five years) before it can produce a significant effect in the community.

Immunisation was first offered free to the population at large in 1940, and it was not until a year or two later that it was generally realised that immunisation of children of school age (which were first treated) was not effective alone, and that a sufficient proportion of children under five years must *also* be immunised to produce an effect. The trend in Berkshire is shown by the following figures :—

AVERAGE ANNUAL NUMBER OF DEATHS FROM DIPHTHERIA.

Quinquennia.							
1906-10	1911-15	1916-20	1921-25	1926-30	1931-35	1936-40	1941-45
34	16	16	15	11	8	7	4

There is evidence that the immunisation campaign is losing momentum in the country at large. There was one death from the disease in Berkshire in 1947. The cases, however, fell from 41 in 1946 to 18 in 1947. The risk therefore remains, and renewed efforts are needed to see that *every* child is immunised in infancy.

During 1946, 2,433 children between one and five years of age were immunised at the Council's own clinics, and 2,070 between five and fifteen, as part of a special effort during the year to immunise as many children as possible in all age groups.

In November, 1946, the Council approved arrangements for the payment of fees for diphtheria immunisation to general medical practitioners, thus enabling parents to obtain this service, free of cost, from their family doctor. Before then, of course, many immunisations were being carried out by practitioners privately, but no less than 1,888 primary immunisations of infants were carried out under this new arrangement of the Council in 1947. During the same year 504 children under five years of age were immunised at the Council's own clinics, and there is no doubt that considerable numbers of immunisations were also carried out privately by practitioners.

SMALLPOX.

In 1947 there were two separate importations into England of smallpox of the most virulent type, causing 79 cases and 15 deaths. There was no case in Berkshire, and the Ministry of Health, together with Local Authorities immediately concerned, instituted such effective measures of control that a grave epidemic was averted. A large number of contacts were dealt with by the County Health Department, and all received the necessary close and continuous surveillance through District Medical Officers of Health. It is significant that no less than 6 persons belonging to public health staffs or connected with the medical profession contracted the disease, and the outbreak emphasises once again the high proportion of unvaccinated persons in the community, and the need that every infant should be primarily vaccinated, and that the procedure should be repeated sufficiently often in later life. Vaccination *little and often* is the ideal, and is quite essential for all who may have to come into contact with the disease in their work.

SCARLET FEVER.

The number of cases notified in 1945 had been 348. In 1946 and 1947 the cases were 222 and 174 respectively. The district most affected in 1946 was Easthampstead Rural District (31 cases); in 1947, Abingdon Rural District had the largest number of cases, 29.

The numbers of cases removed to hospital were 129 in 1946, and 108 in 1947. Removal to hospital in this disease is now rightly discouraged and, unless there are special circumstances (particularly association of the patient's family with milk production), cases are better nursed at home, provided isolation can be arranged. It is now known that the infection is caused by a considerable number of different *types* of haemolytic streptococci, and patients can be cross-infected, in hospital, with streptococci of a type different from that which is causing their own illness. Immunity must be established to each type of organism separately. Infection with a new strain is therefore a new (and additional) infection as far as the individual patient is concerned and, since the amount of cubicle accommodation in most hospitals for infectious diseases is insufficient for the isolation of each individual case of Scarlet Fever, the general policy of admitting cases of this disease to hospital is associated with an increased incidence of complications. Moreover, "Scarlet Fever" is primarily a streptococcal infection of the throat. With most strains of the organism a high proportion of persons infected have fever and sore throat, but no rash. Removal to hospital of cases of scarlet fever, therefore, can only isolate a minority of the sources of infection in any event. For this reason, a number of statistical analyses have been able to show that isolation in hospital of scarlet fever cases has little, if any, effect on the number of cases.

One death from the disease occurred in 1946, none in 1947.

During the two years here considered, increasing use was made in the county by Medical Officers of Health, in association with the Public Health Laboratory Service, of the tracing of sources of infection by the taking of throat and nose swabs, and by typing the organisms so obtained by Griffith's method. The "nasal carrier" is likely to be a persistent source of cases of this disease (and, what is more important, of streptococcal infection of all kinds) and investigations on the lines referred to not infrequently reveal such a source, and action can be taken to stop the trouble at its origin.

OTHER NOTIFIABLE DISEASES.

Particulars of cases and deaths due to other diseases will be found in the Tables. The curve of measles was in a rising phase; 600 cases were notified in 1946 and 1,959 in 1947. The notifications of whooping cough were 390 and 852 respectively. With both of these diseases (as with streptococcal infection) the use of the sulphonamides and/or penicillin has now reduced the number of deaths to comparatively small proportions.

HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.

<i>Hospital.</i>	<i>Number of beds.</i>
Abingdon Isolation Hospital	... 50
Maidenhead Isolation Hospital	... 54
Newbury Isolation Hospital ...	... 22 (closed October, 1946).
Wallingford Isolation Hospital	... 34

The County Council has made arrangements for cases of smallpox occurring in the county area to be admitted to the Reading County Borough Smallpox Hospital, Manor Farm, Reading.

In July, 1946, the Council agreed to the closing of the Newbury Isolation Hospital, and the Council's scheme for the provision of isolation hospital accommodation was amended accordingly. Arrangements were made to accommodate cases of infection drawn from the Newbury area at the Abingdon Isolation Hospital, and this has worked very satisfactorily.

POLIOMYELITIS, 1947.

In 1947, for the first time since the disease became notifiable in 1912, this country suffered an epidemic of acute anterior poliomyelitis (with which, throughout this note, is included the condition known as polio-encephalitis) on a scale like that which has affected from time to time, over a number of years, the Scandinavian countries (particularly Sweden) and the United States. Hitherto, the curve of incidence, never very high (taking the country as a whole), has risen during the late summer and autumn, to fall again to a minimum in early winter. The *initiation* of prevalence, indeed, has been fairly closely connected with the rise of temperature, although experience in 1947 has made it clear that a major prevalence can go on, once it is established, in the face of extremely low temperatures. Against this background, the prevalence of the disease in this country (apart from the year 1938, when a general prevalence of about one-fifth the intensity of that of 1947 occurred) has consisted very largely of fairly intense outbreaks in very limited, and often isolated, centres of population. It is important to realise that these local outbreaks have been, in their areas, as intense, on occasion, as was the general prevalence of 1947. The poliomyelitis of 1947, indeed, was, essentially, a dispersion over the whole country of an intensity of infection that had, hitherto (apart from the warning note of 1938), affected a small number of communities here and there. Why this disease should suddenly take on, in England, an enormously enhanced dispersiveness is the great mystery of the 1947 epidemic. The epidemiology of this disease is baffling in other ways, but the characteristic just referred to remains the one that is most resistant to explanation on scientific grounds.

The first definite group of cases in England was recognised over a hundred years ago. Important localised outbreaks occurred at Bristol in 1909, in Devon and Cornwall in 1911 (causing notification to be introduced in 1912), and in Surrey in 1917. In 1926 the disease was more prevalent than ever before, and investigations into its epidemiology were intensified; in that year, however, uneven dispersion was still apparent, and cases were much more numerous in the Midlands (particularly Leicester) and in Kent and Essex. The important localised outbreaks in Berkshire in 1921, 1934 and 1941 are described below.

The epidemic of 1938 was considerable, in comparison with former experience, taking the country as a whole. Notified cases in England and Wales rose from the usual few that had prevailed through the winter to 80 in the week ending 13th August. The rise of notifications had almost invariably begun in the middle of August in previous years; in 1938 it was apparent in the third week of July, and this feature was still more marked in the much heavier prevalence of 1947. After a slight fall, the curve rose to a second peak of 85 cases in the week ending 22nd October. This second peak in late autumn has occurred in several previous years of relatively high prevalence. The curve did not return to "normal" until the early weeks of 1939; in previous years, this fall had always occurred rapidly in late December.

The outbreak of 1947 first showed itself in the last week of May (nearly eight weeks before that of 1938), when 21 cases were notified for England and Wales. At the beginning of July, the weekly maximum for 1938 was passed, the rate of increase accelerated at the end of July to 336 cases in a single week, and two weeks later the weekly notifications were 624. For the remainder of August, nearly 700 cases a week were notified, and the peak was reached with 708 notifications in the week ending 6th September. From this peak the cases fell away nearly, but not quite, as rapidly as they had

risen. The rate of fall became progressively less steep as the curve descended, and in the last week of the year as many as 63 cases were notified. The total cases in the year, in England and Wales, had been 7,646, and there were 688 deaths, a case fatality of 9.1 per cent.

Until 1947 the disease, in any given outbreak, was bad in a few places only. In the 1947 outbreak, the disease was bad almost everywhere, and the uniformity of dispersion in that year was remarkable. This relative uniformity was as apparent in comparing the various classes of area as it was in comparing places on a purely geographical basis. Thus, the disease has always had a higher incidence in rural districts than in urban districts and county boroughs. In 1938, the attack rates in the aggregate English rural districts, London, and English county boroughs were respectively 0.06, 0.03 and 0.03 per thousand population. The corresponding figures for 1947 were 0.22, 0.22 and 0.16.

All the features referred to above have been exemplified in Berkshire. During the phase of uneven dispersion before 1947 there were 10 cases in Wantage in 1921. In 1934, a sharply localised outbreak of 15 cases occurred in Newbury and the surrounding district, the only background being that the prevalence in the preceding year in England as a whole had been significantly above the average level. One of the most serious local outbreaks occurred in Maidenhead and Windsor in 1941, with no less than 43 cases in these boroughs combined, with their surrounding districts. In that year, there were 57 cases in the county, a number greater than that of 1947, and it must be remembered that the population was considerably smaller in the former year than it is now. The attack-rate in Maidenhead in 1941, indeed, is the highest that has ever affected any part of the county.

In 1938 there continued to be, as has been emphasised, a marked disparity between one area and another. Berkshire was one of the unlucky areas, for 25 cases occurred, an attack-rate of 0.11 per thousand, compared with a rate of 0.04 in the aggregate of English counties (excluding London). But all but one of these cases occurred in the rural districts, and all but four in East Berks, which thus had 21 cases and an approximate attack-rate of 0.18, over four times that for the aggregate of English counties. Non-uniformity of dispersion as a feature of the 1938 outbreak was also shown by the fact that Easthampstead Rural District had no less than 12 cases, an attack-rate of 0.62, over fifteen times the rate in the aggregate of English counties. The other area very badly hit was Wokingham Rural District, with 9 cases, an attack-rate of 0.36.

The prevalence in Berkshire in 1947 must be considered against this background. In that year no district suffered so badly as Easthampstead Rural District had done in 1938, but the dispersion was much more uniform, and the total of cases for the whole county was about double that of 1938. In the latter year, 13 of the districts were spared, in 1947 only 4. The number of *deaths* in 1947 was 7.

The table on page 26 shows the intensity of infection in both 1938 and 1947. Two points will be observed: (a) the fact that the eastern half of Berkshire was attacked nearly as heavily in 1938 as in 1947 and (b) the much greater uniformity of dispersion of the disease in 1947. In 1938, the attack-rates in Easthampstead and Wokingham Rural Districts were very significantly above general levels, another example of the marked non-uniformity of dispersion of the infection in that year. In 1947, the Windsor Rural District had the highest attack-rate in the county, 0.46 per 1,000 population

with 5 cases. There is, of course, closer and closer connection with London as one moves eastwards from Reading, and the daily rail and road traffic between the eastern tip of Berkshire and London is very considerable. There is just a suggestion, in the figures, that proximity to London had some effect. But calculation shows that even the high attack-rate in the Windsor Rural District was not statistically significant when compared with the number of cases that would be expected on the basis of the attack-rate in all English rural districts.

It will be noted that the 1938 epidemic was, in London, less than one-seventh of the intensity of the 1947 outbreak ; in East Berks, this proportion is nearly four-fifths. For England and Wales, as a whole, 1938 was one-fifth of 1947 in regard to intensity of infection.

During the sustained outbreak in 1947, a very large number of enquiries from medical practitioners, the press, and members of the public were dealt with by the County Health Department. Medical officers of the department took part in a special investigation into the cases, in association with the Public Health Laboratory at Oxford and the Ministry of Health, and it is to be hoped that the result of this work will help to throw some further light on this still largely mysterious disease. In addition, special observations were made in regard to the relation of cases to schools.

There has naturally been much discussion as to the public health measures that can be taken to prevent the spread of poliomyelitis, and to reduce the severity of the individual case of the disease. In dealing with enquiries, emphasis has been placed on the following points, in the light of recent knowledge, and in this order of importance :—

- (a) It is essential to treat minor indisposition seriously during an epidemic, particularly if associated with headache, and in children. It is usual for the onset of paralysis to be preceded by a period of such indisposition lasting from a day or two to a week. In the early part of this phase, at any rate, the evening temperature is almost invariably raised. The amount of exercise taken in this phase probably determines the extent and degree of paralysis, and rest in bed during this first stage of the disease is probably the greatest single factor in the outlook.
- (b) Even though infection is widespread in the community, the enormous majority of persons picking up the infection develop very slight symptoms, if any, and in these persons the virus probably does not penetrate to the nervous system so as to entail a risk of paralysis.
- (c) Crowded places, especially in confined spaces, should be avoided.
- (d) In view of the fact that the disease may spread, in rare cases, by faecal contamination the proper toilet of the hands (which is always necessary and even more important from the point of view of other infections) should be rigorously applied.
- (e) For the same reason, the contamination of food by flies should be avoided by all possible means.

TABLE X.

POLIOMYELITIS IN THE YEARS 1938 AND 1947.

Cases and attack-rates for Berkshire, together with comparative attack-rates for London and certain aggregates in England.

	Notified Cases.		Attack Rate per 1,000 population.	
	Year 1938.	Year 1947.	Year 1938.	Year 1947.
Berks, Administrative County ...	25	54	0·11	0·21
East Berks	21	33	0·18	0·25
West Berks	4	21	0·04	0·16
Berks, Urban Districts ...	1	18	0·01	0·19
Berks, Rural Districts ...	24	36	0·16	0·20
Easthampstead Rural District ...	12	7	0·62	0·33
Wokingham Rural District ...	9	4	0·36	0·12
Berkshire { In year 1938 : 5 districts affected, 13 not affected. ,, ,, 1947 : 14 ,, 4 ,, ,,				
			Aggregate of rural districts in England	
			London	
			Aggregate of English Counties (excluding London) ...	
			Aggregate of non - county boroughs and urban districts in England (exclud. London)	
			County boroughs in England	
			0·06	
			0·03	
			0·04	
			0·19	
			0·03	
			0·16	

LABORATORY SERVICES.

In 1941 the Council agreed to pay a fixed annual sum to the Medical Research Council for work carried out by the Public Health Laboratory Service. This arrangement ceased on 31st March, 1947, and the work of the laboratories, in relation to the diagnosis, control and prevention of infectious disease (other than venereal disease, for which authorities provide otherwise) was undertaken, after the date given, free of cost to local authorities.

The Public Health Laboratory Service had been part of the emergency medical services that were provided to meet special wartime needs; it has now grown into a magnificent bacteriological service covering the greater part of the country. Now that it has been put on a permanent basis, it is difficult to over-estimate the benefits that will accrue to the work of controlling infectious disease and to epidemiological research. Public health bacteriology has undergone tremendous technical progress in recent years, and the Public Health Laboratory Service is now available to apply the new knowledge in the practical control of infectious disease. It is not often that technical advance finds, so soon, such full means for its application.

GENERAL HOSPITAL SERVICES.

During the two years considered in this report, the Council has continued its active support to the general hospital services of its area by maintaining its annual grant to the Berks, Bucks and Oxon Regional Hospitals Council under Section 181 (3) of the Public Health Act, 1936. This grant, amounting to the product of a rate of one and one-third pence in the pound, is the maximum that a County Council may contribute under the Act. The first grant of the kind was made for the financial year 1941-42, following a conference of major local authorities that was convened in December, 1940 by the Regional Hospitals Council.

The Regional Hospitals Council has been actively engaged in studying the main problems of hospital organisation, in view of the changes that are expected under the new National Health Service Act, and the County Council representatives have been able to play a very considerable part in this important work, particularly in regard to the admirable special reports (notably that on maternity services) that the Regional Council has produced.

TABLE XI.
NOTIFICATIONS OF INFECTIOUS DISEASE, 1946.

DISEASES NOTIFIED.	Cases notified in Urban Districts.								Cases notified in Rural Districts.												
	Abingdon Borough	Maldenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage.	Wokingham Borough.	Total Urban Districts.	Abingdon.	Bradfield.	Cookham.	Easthampstead.	Faringdon.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	Wokingham.	Total Rural Districts.	Total County.
1 Smallpox	7	3	—	—	—	1	4	17	—	3	2	2	2	2	1	2	—	4	6	—	41
2 Diphtheria and Membranous Croup	7	3	1	2	1	—	—	14	3	6	1	1	2	4	1	1	—	2	7	28	42
3 Erysipelas	11	4	20	9	3	6	2	55	28	29	8	31	14	5	5	10	6	9	22	167	222
4 Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
5 Typhoid	—	1	—	1	—	—	—	2	1	1	1	—	—	—	1	—	—	—	—	4	6
6 Paratyphoid	—	2	1	2	1	—	1	7	1	2	—	1	—	1	1	—	—	1	1	6	13
7 Puerperal Pyrexia	—	1	2	1	—	1	—	5	1	—	—	1	1	2	1	—	—	2	—	7	12
8 Cerebro-spinal Meningitis	—	—	—	3	—	—	—	3	1	1	—	1	—	1	—	—	—	—	—	4	7
9 Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10 Polioencephalitis	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	2	—	2	2	6	10
11 Ophthalmia Neonatorum	4	1	1	1	—	—	4	10	8	30	2	23	3	2	7	2	2	9	23	111	121
12 Pneumonia	2	2	—	1	—	—	3	12	1	1	—	4	—	—	—	1	2	—	5	14	26
13 Dysentery	17	35	22	27	2	7	10	120	24	13	13	15	5	12	14	18	10	8	31	163	283
14 Pulmonary Tuberculosis	3	6	5	8	2	—	2	26	14	3	4	12	6	2	5	1	7	4	3	61	87
15 Tuberculosis other than Pulmonary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16 Encephalitis Lethargica	1	1	—	—	—	—	—	2	4	—	—	2	—	—	—	—	1	1	—	8	10
17 Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18 Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19 Pemphigus Neonatorum	3	19	8	250	1	4	7	292	23	35	24	74	19	6	3	8	4	95	17	308	600
20 Measles	9	13	28	5	1	—	12	68	34	37	16	25	18	28	10	10	38	11	95	322	390
21 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	64	91	88	312	11	26	45	637	142	161	71	191	70	65	48	55	70	149	212	1,234	1,871

TABLE XIa.
NOTIFICATIONS OF INFECTIOUS DISEASE, 1947.

DISEASES NOTIFIED.	Cases notified in Urban Districts.							Cases notified in Rural Districts.												
	Abingdon Borough	Maidenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wokingham Borough.	Total Urban Districts.	Abingdon.	Bradfield.	Cookham.	Easthampstead.	Faringdon.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	Wokingham.	Total Rural Districts.	Total County.
1 Smallpox	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Diphtheria and Membranous Croup	—	—	—	—	—	—	14	7	2	2	4	2	4	—	1	1	1	3	15	18
3 Erysipelas	7	2	2	1	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—
4 Scarlet Fever	10	6	7	19	5	1	48	29	8	4	12	10	5	—	15	9	15	19	29	43
5 Typhoid	—	—	—	2	—	1	3	—	—	—	2	—	—	—	—	—	—	—	2	5
6 Paratyphoid	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	3	3
7 Puerperal Pyrexia	—	1	3	2	—	—	7	—	1	—	1	1	1	—	2	4	—	2	12	19
8 Cerebro-spinal Meningitis	—	—	—	—	—	—	1	1	—	—	—	—	2	—	—	2	—	2	7	8
9 Poliomyelitis	1	8	3	2	—	2	16	8	—	2	7	2	—	2	—	3	5	4	33	49
10 Polioencephalitis	—	2	—	—	—	—	2	—	—	1	—	—	—	2	1	—	—	—	4	6
11 Ophthalmia Neonatorum	—	8	1	—	—	1	10	2	—	—	1	1	—	—	2	1	2	4	13	23
12 Pneumonia	6	8	2	3	1	1	22	15	39	4	7	2	5	2	12	1	8	18	113	135
13 Dysentery	13	—	—	1	1	—	15	8	—	—	1	3	—	—	416	—	8	41	436	451
14 Pulmonary Tuberculosis	24	43	9	21	1	5	107	24	30	10	29	10	11	25	14	12	8	41	214	321
15 Tuberculosis other than Pulmonary	1	2	2	4	—	2	14	4	5	6	2	6	7	7	4	4	3	2	50	64
16 Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	1	1	1
17 Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	4	4
18 Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19 Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20 Measles	24	196	24	92	5	54	400	166	346	120	195	81	25	78	247	78	26	197	1,559	1,959
21 Whooping Cough	89	37	23	14	13	16	196	198	110	38	18	10	11	28	81	19	11	132	656	852
Totals	175	313	76	161	26	89	858	462	541	187	283	125	74	144	799	136	95	431	3,277	4,135

TABLE XII.

EPIDEMIC MORTALITY DURING TEN YEARS 1937-1946.

				NUMBER OF DEATHS.						
				Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Diarrhoea.
URBAN DISTRICTS.										
1	Abingdon Borough	...	...	—	—	—	—	—	—	2
2	Maidenhead Borough	...	...	—	4	3	9	1	—	16
3	Newbury Borough	...	...	—	6	—	1	—	—	7
4	New Windsor Borough	...	...	—	3	—	4	5	—	14
5	Wallingford Borough	...	...	—	—	—	1	—	—	4
6	Wantage	...	...	—	2	—	1	—	—	2
7	Wokingham Borough	...	...	—	1	—	4	—	—	5
RURAL DISTRICTS.										
1	Abingdon	...	...	—	—	2	2	7	—	6
2	Bradfield	...	...	—	2	1	2	4	1	10
3	Cookham	...	...	—	—	—	1	3	—	8
4	Easthampstead	...	...	—	—	—	3	—	1	8
5	Faringdon	...	...	—	—	1	2	—	—	7
6	Hungerford	...	...	—	—	—	3	1	—	2
7	Newbury	...	...	—	1	—	3	3	—	4
8	Wallingford	...	...	—	2	—	4	3	—	5
9	Wantage	...	...	—	—	—	—	4	—	1
10	Windsor	...	...	—	2	1	—	1	1	10
11	Wokingham	...	...	—	3	—	9	11	2	9
Urban Districts				—	16	3	20	6	—	50
Rural Districts				—	10	5	29	37	5	70
County ...				—	26	8	49	43	5	120

TABLE XIII.—CAUSES OF, AND AGES AT, DEATH, 1946

ADMINISTRATIVE COUNTY OF BERKS.

CAUSE OF DEATH.	Net Deaths at the subjoined Ages of "Residents," whether occurring within or without the County.						
	All ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and up-wards.
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—
Cerebro-spinal fever	2	—	—	—	1	—	1
Scarlet fever	1	—	—	—	1	—	—
Whooping cough	4	3	1	—	—	—	—
Diphtheria	—	—	—	—	—	—	—
Tuberculosis of respiratory system	79	—	3	—	37	29	10
Other forms of tuberculosis... ..	15	—	5	2	2	5	1
Syphilitic diseases	12	1	1	2	2	2	4
Influenza	36	1	—	—	1	4	30
Measles	—	—	—	—	—	—	—
Acute poliomyelitis and polioencephalitis	—	—	—	—	—	—	—
Acute infantile encephalitis	2	—	—	—	1	1	—
Cancer of buccal cavity and oesophagus (M) uterus (F)	46	—	—	—	2	20	24
Cancer of stomach and duodenum	100	—	—	—	4	34	62
Cancer of breast	59	—	—	—	8	23	28
Cancer of all other sites	310	1	1	1	18	100	189
Diabetes	20	—	—	—	—	3	17
Intra cranial vascular lesions	320	—	1	—	3	49	267
Heart disease	788	—	—	1	19	120	648
Other disease of circulatory system	139	—	—	—	2	18	119
Bronchitis	123	1	1	—	1	19	101
Pneumonia	83	17	1	1	8	13	43
Other respiratory diseases	34	1	1	—	4	11	17
Ulcer of stomach or duodenum	40	—	—	—	2	11	27
Diarrhoea under two years	14	11	3	—	—	—	—
Appendicitis	6	—	—	—	1	1	4
Other digestive diseases	63	1	1	1	6	16	38
Nephritis	60	1	—	2	11	12	34
Puerperal and post Abortion sepsis	1	—	—	—	1	—	—
Other maternal causes	5	—	—	—	5	—	—
Premature birth	61	61	—	—	—	—	—
Congenital malformation, birth injuries, infantile diseases	68	56	2	—	3	4	3
Suicide	21	—	—	—	6	8	7
Road traffic accidents	42	—	4	5	11	11	11
Other violent causes	64	7	4	5	19	6	23
All other causes	341	7	2	5	22	39	266
All causes	2,959	169	31	25	201	559	1,974

TABLE XIIIa.—CAUSES OF, AND AGES AT, DEATH, 1947.

ADMINISTRATIVE COUNTY OF BERKS.

CAUSE OF DEATH.	Net Deaths at the subjoined Ages of "Residents," whether occurring within or without the County.						
	All ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.
Typhoid and paratyphoid fevers	1	—	—	—	1	—	—
Cerebro-spinal fever	2	—	2	—	—	—	—
Scarlet fever	—	—	—	—	—	—	—
Whooping cough	9	6	3	—	—	—	—
Diphtheria	1	—	—	1	—	—	—
Tuberculosis of respiratory system	97	2	—	—	52	34	9
Other forms of tuberculosis... ..	14	—	2	1	4	4	3
Syphilitic diseases	12	—	—	1	3	5	3
Influenza	28	2	—	—	1	5	20
Measles	1	1	—	—	—	—	—
Acute poliomyelitis and polioencephalitis	7	1	—	—	5	1	—
Acute infantile encephalitis... ..	3	—	1	—	—	1	1
Cancer of buccal cavity and oesophagus (M) uterus (F)	47	—	—	—	2	17	28
Cancer of stomach and duodenum	81	—	—	—	1	25	55
Cancer of breast	50	—	—	—	5	26	19
Cancer of all other sites	328	—	1	1	18	107	201
Diabetes	29	—	—	—	3	7	19
Intra cranial vascular lesions	391	—	—	—	3	73	315
Heart disease... ..	884	—	1	—	18	138	727
Other disease of circulatory system	132	—	—	—	3	19	110
Bronchitis	132	4	—	—	1	20	107
Pneumonia	106	27	3	2	5	17	52
Other respiratory diseases	44	—	—	—	5	18	21
Ulcer of stomach or duodenum	19	—	—	—	1	7	11
Diarrhoea under two years	9	8	1	—	—	—	—
Appendicitis	7	—	—	—	1	2	4
Other digestive diseases	49	1	2	—	5	15	26
Nephritis	66	—	1	—	9	13	43
Puerperal and post Abortion sepsis	—	—	—	—	—	—	—
Other maternal causes	3	—	—	—	3	—	—
Premature birth	38	38	—	—	—	—	—
Congenital malformation, birth injuries, infantile diseases	66	52	3	2	7	2	—
Suicide	21	—	—	—	3	8	10
Road traffic accidents	31	—	2	5	9	8	7
Other violent causes... ..	69	5	7	8	8	12	29
All other causes	354	14	7	3	18	45	267
All causes	3,131	161	36	24	194	629	2,087

TABLE XIV.—CAUSES OF, AND AGES AT, DEATH, 1946.

URBAN DISTRICTS.

CAUSE OF DEATH.	Deaths belonging to all Urban Districts.							Deaths belonging to each District (at all ages).						
	All Ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.	Abingdon Borough.	Maidenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage	Wokingham Borough.
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Whooping cough	2	1	1	—	—	—	—	—	—	—	1	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	42	—	2	—	18	16	6	8	9	6	13	—	—	—
Other forms of tuberculosis	8	—	2	1	1	3	1	2	2	1	2	—	—	—
Syphilitic diseases	5	—	1	1	1	2	—	2	3	1	1	—	1	4
Influenza	14	—	—	—	—	3	11	2	3	1	2	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis and polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	3	1	2
Acute infantile encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer of buccal cavity and oesophagus (M) uterus (F)	22	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer of stomach and duodenum	40	—	—	—	2	11	11	—	3	7	7	1	2	2
Cancer of breast	22	—	—	—	3	16	22	5	14	9	5	1	—	—
Cancer of all other sites	110	—	—	—	7	8	11	4	7	4	2	—	—	6
Diabetes	5	—	—	—	—	38	65	5	35	21	28	1	5	15
Intra-cranial vascular lesions	121	—	1	—	1	—	5	1	1	2	1	—	—	—
Heart disease	312	—	—	1	6	19	100	15	31	28	24	4	8	11
Other diseases of circulatory system	64	—	—	—	1	52	253	20	100	54	69	7	17	45
Bronchitis	47	1	1	—	—	6	57	3	12	21	12	4	7	5
Pneumonia	29	9	—	—	2	4	14	1	16	8	12	—	3	5
Other respiratory diseases	14	1	—	—	3	5	5	1	8	2	7	1	2	8
Ulcer of stomach or duodenum	8	—	—	—	—	2	6	3	3	1	3	1	3	2
Diarrhoea under two years	8	6	2	—	—	—	—	1	1	1	3	—	—	—
Appendicitis	3	—	—	—	—	—	—	—	2	1	3	1	—	—
Other digestive diseases	24	1	—	—	—	—	3	—	—	2	1	—	—	—
Nephritis	14	—	—	—	2	3	20	2	9	2	9	—	2	—
Puerperal and post abortion sepsis	1	—	—	—	1	—	9	1	5	5	2	—	—	—
Other maternal causes	3	—	—	—	3	—	—	—	—	1	—	—	—	1
Premature birth	26	26	—	—	—	—	—	—	1	—	1	—	—	—
Congenital malformation, birth injuries, infantile diseases	24	20	1	—	—	—	—	—	17	2	3	2	—	2
Suicide	8	—	—	—	3	2	3	2	12	3	3	—	—	—
Road traffic accidents	12	—	1	2	1	3	5	1	—	2	4	1	—	1
Other violent causes	20	3	—	1	5	3	8	2	3	3	1	—	—	3
All other causes	121	4	1	—	10	13	93	6	5	2	7	—	—	—
All causes	1,130	72	13	6	70	221	748	102	328	215	255	37	58	135

TABLE XIVa.—CAUSES OF, AND AGES AT, DEATH, 1947.

URBAN DISTRICTS.

CAUSE OF DEATH.	Deaths belonging to all Urban Districts.							Deaths belonging to each District (at all ages).						
	All Ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.	Abingdon Borough.	Maidenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage.	Wokingham Borough.
Typhoid and paratyphoid fevers	1	—	—	—	1	—	—	—	—	—	—	—	—	1
Cerebro-spinal fever	1	—	1	—	—	—	—	—	1	—	—	—	—	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	1	1	—	—	—	—	—	1	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	48	2	—	—	24	17	5	10	15	7	12	—	2	2
Other forms of tuberculosis	5	—	1	1	—	2	1	1	—	3	1	—	—	—
Syphilitic diseases	4	—	—	—	1	3	—	1	—	1	—	1	1	—
Influenza	8	1	—	—	—	1	6	—	7	—	1	—	—	—
Measles	1	1	—	—	—	—	—	—	1	—	—	—	—	—
Acute poliomyelitis and polioencephalitis	3	1	—	—	1	1	—	—	2	1	—	—	—	—
Acute infantile encephalitis	1	—	1	—	—	—	—	—	—	—	1	—	—	—
Cancer of buccal cavity and oesophagus (M)														
uterus (F)	22	—	—	—	1	7	14	—	8	3	3	1	2	5
Cancer of stomach and duodenum	29	—	—	—	1	11	17	3	6	4	7	1	—	8
Cancer of breast	19	—	—	—	4	8	7	3	5	4	4	2	—	1
Cancer of all other sites	125	—	—	1	8	43	73	8	35	23	38	6	4	11
Diabetes	7	—	—	—	1	1	5	—	2	3	—	—	1	1
Intra-cranial vascular lesions	163	—	—	—	1	24	138	19	46	34	32	10	13	9
Heart disease	326	—	—	—	7	53	266	20	85	69	85	10	23	34
Other diseases of circulatory system	57	—	—	—	1	8	48	7	11	18	12	4	2	3
Bronchitis	50	—	—	—	—	4	46	5	20	4	12	2	6	1
Pneumonia	42	10	1	2	1	8	20	4	12	5	13	1	2	5
Other respiratory diseases	19	—	—	—	3	5	11	1	7	3	4	—	4	—
Ulcer of stomach or duodenum	7	—	—	—	—	3	4	—	2	—	2	—	2	1
Diarrhoea under two years	3	2	1	—	—	—	—	2	—	—	1	—	—	—
Appendicitis	5	—	—	—	1	1	3	—	1	—	3	—	—	1
Other digestive diseases	20	—	1	—	2	5	12	2	3	5	6	1	—	3
Nephritis	12	—	—	—	2	—	10	—	2	1	2	—	3	4
Puerperal and post abortion sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other maternal causes	1	—	—	—	1	—	—	—	—	—	1	—	—	—
Premature birth	9	9	—	—	—	—	—	1	3	1	1	—	1	2
Congenital malformation, birth injuries,														
infantile diseases	18	14	—	—	3	1	—	3	4	3	7	—	—	1
Suicide	8	—	—	—	—	4	4	1	2	1	3	1	—	—
Road traffic accidents	4	—	—	1	—	2	1	—	2	—	1	—	—	1
Other violent causes	28	1	4	3	4	3	13	3	9	2	5	—	2	7
All other causes	135	3	2	2	5	18	105	9	31	25	39	5	6	20
All causes	1,182	45	12	10	73	233	809	104	322	220	296	45	74	121

TABLE XVa.—CAUSES OF, AND AGES AT, DEATH, 1947.

RURAL DISTRICTS.

CAUSE OF DEATH.	Deaths belonging to all Rural Districts.							Deaths belonging to each District (at all ages).										
	All Ages.	Under 1 year	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Cerebro-spinal fever	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	8	5	3	—	—	—	—	2	—	—	—	1	—	1	—	—	—	4
Diphtheria	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	49	—	—	—	28	17	4	3	8	3	7	2	2	6	4	3	2	9
Other forms of tuberculosis	9	—	1	—	4	2	2	1	—	1	2	—	1	1	—	—	1	2
Syphilitic diseases	8	—	—	1	2	2	3	2	1	—	3	—	—	1	—	—	—	1
Influenza	20	1	—	—	1	4	14	1	—	3	—	1	4	—	3	1	1	6
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis and polioencephalitis	4	—	—	—	4	—	—	1	—	1	—	—	—	1	—	—	—	—
Acute infantile encephalitis	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1
Cancer of buccal cavity and oesophagus (M)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
uterus (F)	25	—	—	—	1	10	14	3	1	—	3	1	3	4	4	4	—	2
Cancer of stomach and duodenum	52	—	—	—	—	14	38	7	4	5	4	4	3	3	5	6	2	9
Cancer of breast	31	—	—	—	1	18	12	4	2	2	3	2	3	3	—	—	3	9
Cancer of all other sites	203	—	1	—	10	64	128	21	17	14	30	14	15	16	15	9	18	34
Diabetes	22	—	—	—	2	6	14	—	2	1	1	1	2	3	4	1	2	5
Intra-cranial vascular lesions	228	—	—	—	2	49	177	22	27	10	29	11	19	17	17	16	20	40
Heart disease	558	—	1	—	11	85	461	43	60	48	57	34	43	45	33	46	53	96
Other diseases of circulatory system	75	—	—	—	2	11	62	4	13	9	11	4	2	4	8	5	2	13
Bronchitis	82	4	—	—	1	16	61	9	7	4	7	5	4	6	2	13	6	19
Pneumonia	64	17	2	—	4	9	32	7	9	3	4	8	2	3	3	6	6	13
Other respiratory diseases	25	—	—	—	2	13	10	—	3	3	—	—	1	3	2	1	3	5
Ulcer of stomach or duodenum	12	—	—	—	1	4	7	2	1	—	1	1	1	1	2	—	—	—
Diarrhoea under two years	6	6	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—
Appendicitis	2	—	—	—	—	1	1	—	—	—	1	—	—	—	—	1	—	—
Other digestive diseases	29	1	1	—	3	10	14	5	4	1	6	1	—	1	3	1	3	4
Nephritis	54	—	1	—	7	13	33	6	7	7	3	1	—	3	2	5	2	17
Puerperal and post abortion sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other maternal causes	2	—	—	—	2	—	—	—	—	—	1	—	—	1	—	—	—	—
Premature birth	29	29	—	—	—	—	—	5	4	—	2	2	4	3	1	1	—	7
Congenital malformation, birth injuries,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
infantile diseases	48	38	3	2	4	1	—	5	5	3	3	4	1	4	5	4	5	9
Suicide	13	—	—	—	3	4	6	3	—	—	3	1	1	1	1	—	—	3
Road traffic accidents	27	—	2	4	9	6	6	4	3	3	3	5	1	2	—	3	—	3
Other violent causes	41	4	3	5	4	9	16	5	3	5	7	2	1	3	3	3	3	6
All other causes	219	11	5	1	13	27	162	24	18	11	39	13	10	18	16	14	17	39
All causes	1949	116	24	14	121	396	1,278	192	200	137	233	119	127	154	133	145	149	360

VENEREAL DISEASE.

The County Council have made arrangements for the treatment of persons suffering from venereal diseases at clinics held at the Radcliffe Infirmary, Oxford, the Royal Berkshire Hospital, Reading, and the King Edward VII Hospital, Windsor.

Patients are seen at the following times :—

THE RADCLIFFE INFIRMARY, OXFORD.

Men—Wednesday, 6 p.m. Saturday, 3 p.m.
Women—Monday, 6 p.m. Wednesday, 3 p.m.

THE ROYAL BERKSHIRE HOSPITAL, READING.

Men—Wednesday, 2 p.m. Saturday, 4 p.m.
Women—Wednesday, 4 p.m. Thursday, 2 p.m.
Saturday, 2 p.m.

KING EDWARD VII HOSPITAL, WINDSOR.

Men and Women—Monday, 6 to 8 p.m. Saturday, 2 to 6 p.m.

The following particulars have been supplied by the medical officers in charge of the clinics :—

					Royal Berks Hos- pital, Reading.	Radcliffe Infirm- ary, Oxford.	King Edward VII Hospital, Windsor
<i>Number of cases seen for the first time in 1946</i>	...				329	147	126
of which—							
Cases of syphilis	...	...	...	...	40	32	37
„ gonorrhoea	...	...	...	...	59	35	17
Non-venereal cases	...	...	...	...	230	80	72
<i>Number of cases seen for the first time in 1947</i>	...				233	114	83
of which—							
Cases of syphilis	...	...	...	...	32	33	18
„ gonorrhoea	...	...	...	...	44	19	15
Non-venereal cases	...	...	...	...	157	62	50
Total Attendances, 1946	...	...	...	...	1,582	1,045	1,191
„ „ 1947	...	...	...	...	1,051	1,183	950

The table shows the continued fall in the number of cases, following the marked rise during and following the war. Even so, the numbers are still substantially above the pre-war level, except in regard to gonorrhoea.

PATHOLOGICAL SPECIMENS.

Examination of materials submitted by medical practitioners from patients suspected to be suffering from venereal disease is made in the pathological laboratories of the following hospitals :—

St. Thomas' Hospital, London.
The Radcliffe Infirmary, Oxford.
The Royal Berkshire Hospital, Reading.

MENTAL DEFICIENCY ACTS, 1913-1938.

INSTITUTIONAL TREATMENT.

(Figures for the year 1946 are shown in brackets.)

At the end of 1947, 262 (263) mentally defective persons were receiving institutional treatment. Of this number, 42 (44) were being maintained in institutions situated outside the County of Berkshire, 91 (90) females were in-patients at Wayland House, Bradfield, and 119 (119) males (all ages) and 10 (10) females under 16 years of age were in-patients at Easthampstead. In addition, there were 10 (10) patients under statutory guardianship and 23 (25) "on licence" from institutional care.

In 1947, 8 (15) defective patients were admitted to institutions, 5 (5) were discharged, and 4 (7) died.

STATUTORY SUPERVISION.

There were 132 defectives under statutory supervision at the end of 1946 and 146 at the end of 1947. All cases were visited quarterly by the County Health Visitors, who submitted reports to the County Medical Officer.

VOLUNTARY SUPERVISION.

There were 80 patients under voluntary supervision at the end of 1946 and 77 at the end of 1947. All were seen at regular intervals by the County Health Visitors who submitted reports to the County Medical Officer.

BLIND PERSONS ACT, 1920.

(Figures for the year 1946 are shown in brackets.)

The reports of the Berkshire County Blind Society showed that, on 31st March, 1948, there were 370 (350) persons on their register. 53 (60) new cases were registered.

The total number of cases referred to certifying ophthalmic surgeons was 53 (40) and, of these, 12 (4) were certified as not being blind within the meaning of the Blind Persons Act, 1920. 35 (22) of those certified as blind were over 60 years of age.

Four (6) persons who had previously been certified as blind were removed from the register as the sight had improved so much that the cases no longer came under the definition of blind persons. 24 (36) persons died, and 17 (15) left the county to reside in other areas.

Home teachers continued their domiciliary visits to blind persons.

Six (21) persons chargeable to other authorities and 110 (171) Berkshire residents had, or were, receiving domiciliary assistance.

In July, 1947, the Council approved the making of substantial grants to the Berkshire County Blind Society in connection with the opening of Mortimer House, Mortimer, as a home for the reception of twenty blind persons—nine men and eleven women. It was hoped to open the home in the summer of 1948.

MILK SUPPLY.

At the end of the year 1947 there were 1,271 registered cowkeepers in the county, compared with 1,215 at the end of 1946. The number of persons licensed during 1947 for the production of Tuberculin Tested Milk was 384 and for Accredited Milk 193 (304 and 220 respectively in 1946).

FOOD AND DRUGS ACT, 1938, Section 25, empowers local authorities to take samples of milk consigned to their district from outside areas. If, on examination, any sample is found to contain tubercle bacilli, notice to this effect is sent to the medical officer of health of the area in which the milk was produced.

During the year notices were received from the following authorities :—

<i>Local Authority.</i>	<i>Number of samples containing tubercle bacilli.</i>	
	<i>1946.</i>	<i>1947.</i>
Borough of New Windsor	1	—
Reading County Borough	1	1
County of Middlesex	2	1
Borough of Newbury	1	—

The milk from which these samples were taken was stated to have been produced in the following districts in the county :—

<i>Number of samples.</i>				<i>Number of samples.</i>	
<i>1946. 1947.</i>				<i>1946.</i>	<i>1947.</i>
Bradfield R.D. ...	2	1	Windsor R.D. ...	1	—
Easthampstead R.D. ...	1	—	Wokingham R.D. ...	—	1
Newbury R.D. ...	1	—			

On receipt of such notices, information is forwarded to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries who makes any necessary investigations. The number of cows found to be suffering from tuberculosis as a result of these investigations was 4 in 1946, and 1 in 1947 ; in the latter year, 3 cows had been disposed of for slaughter before investigations could be carried out.

The County Agricultural Instruction Department takes samples of milk for bacteriological examination, at regular intervals and undertakes a large amount of advisory work in connection with clean milk production.

Reports are also submitted to the Milk and Dairies Committee on the sanitary circumstances of premises where milk is produced.

The following table shows the number of visits made by the Agricultural Organiser's staff during 1946 and 1947 :—

	<i>1946.</i>	<i>1947.</i>
(a) Previous to granting a licence for the production of a designated milk	66	108
(b) After the granting of a licence for the production of a designated milk	72	80
Number of milk samples taken for bacteriological examination	3,632	4,030
Number of samples submitted for investigation work (where trouble had to be traced) ...	65	198
Visits of advice apart from above	25	240

E. C. H. HUDDY,

County Medical Officer of Health.

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